

EXHIBIT E

CERTIFICATION OF COMPLIANCE WITH INDIVIDUAL HEALTH COVERAGE PLANS

In accordance with N.J.A.C. 11:20-3.2, submit this form, upon entry into the market and by March 1 of every year, to the IHC Board at the address specified at N.J.A.C. 11:20-2.1. Carriers must complete the certification as set forth in this Exhibit; the words in the certification may not be altered.

1. INFORMATION ABOUT THE CARRIER AND RESPONDENT

Carrier Name: _____ NAIC #: _____

Respondent Information:

Name: _____ Title: _____

Address: _____

Telephone: _____ FAX: _____ Email address: _____

2. COMPLIANCE

Check the appropriate response(s).

_____ (a) Plans A/50, B, C, and D comply fully with the IHC Board's individual health benefits plans forms and Explanation of Brackets set forth at Exhibits A and C of the Appendix to N.J.A.C. 11:20.

_____ (b) The HMO Plan complies fully with the IHC Board's individual health benefits plans form and Explanation of Brackets set forth at Exhibits B and C of the Appendix to N.J.A.C. 11:20.

3. PLAN OPTIONS AND VARIABLES

Complete each relevant section. Attach additional pages as necessary.

(a) Plans A/50 through D

On the attached worksheet for Plans A/50 through D, provide information regarding all of the plans carrier makes available using Plans A/50 through D. Add or delete rows under each plan designation, and provide all applicable information regarding each offering of each plan. Refer to N.J.A.C. 11:20-3.1 for information regarding permissible options.

Delivery System: Identify whether each plan is sold as Traditional Indemnity (Designate as Indem) or Preferred Provider Organization (Designate as PPO).

Copayment: For all plans that use a copayment, specify the applicable copayments for Physician Visits, Maternity, specialist and outpatient surgery.

Deductible: List the available deductible options. Indemnity plans as well as PPO plans that use a common deductible should list that amount under the Indemnity/Common column. PPO plans that use separate deductible for network and non-network services should list such dollar amounts under the appropriate column headings

Coinsurance: List the available policyholder coinsurance options as specific percentages. Indemnity plans as well as PPO plans that use a common coinsurance should list that amount under the Indemnity/Common column. PPO plans that use separate coinsurance for network and non-network services should list such percentages under the appropriate column headings.

1. Do contracts provide for direct payment to health care practitioners without assignment? ☐ Yes ☐ No

2. Specify how coverage for autologous bone marrow transplants is offered.

☐ Plan benefit; or ☐ Rider benefit

(b) HMO Plans

On the attached worksheet for HMO Plans, provide information regarding all of the plans carrier makes available using the HMO plan. Add or delete rows under each plan type, and provide all applicable information regarding each offering of each plan. Refer to N.J.A.C. 11:20-3.1 for information regarding permissible options.

Copayment: Specify the applicable copayments for Physician Visits, Maternity, specialist visit and outpatient surgery.

Deductible: List the available deductible options as specific amounts

Coinsurance: List the available policyholder coinsurance options as specific percentages.

1. Specify how coverage for autologous bone marrow transplants is offered.

☐ Plan benefit; or ☐ Rider benefit

4. CERTIFICATION

I, the Undersigned, certify that this completed form is true and accurate, and that I am an officer of the carrier duly authorized to submit this certification.

Signature

Title

Printed Name

Date